Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>10/09/2010</u>	Address:	214 1/2 S 7th Street.	
Case #:	51F-17900		Richmond, IN 47374	
County:	Wayne			
Type of Laboratory Seizure (check one) Seizure		Scizure Location (e	cizure Location (cheek all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all the Lithium Red Photos Flamma Water F	/Ammonia Reaction(s): osphorous/Iodine Reaction(s): uble Solvents: <u>Dining Room / Vehicle</u> Reactive Metal (Lithium): Livi <u>ng Roo</u> ous Ammonia:			
Corrosi	hloric Acid Gas Generator(s): ve Acid: Back Room			
☐ Corrosive Basc: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrino ☐ Retail/Mo	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This repor	t is to be faxed to the following agen	cies that serve the lo	eation;	
Health Dep	Department: Richmond Fire Dept h Department: Wayne County Protection Service: N/A Fax: (765) 962-1808 Fax: (765) 973-9361 Fax: N/A			
	information regarding this methamphe g Officer: <u>Franklin</u> Phor	etamine laboratory, co ne <u>812-689-5000</u>	ontact	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.